ton Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

	ng instructions carefu	lly before completing this form.		and the second second second
1 010000	;	FEB 2 2016		
1. CARRIER INFO	DRMATION:			and a second court is proposed in the
_64William	ns Bus Lines, Inc.			
*WMATC No. *Name of	Carrier (as shown on certific	Cate of outh anit.		1.7
3438 Luttrell Road	33.00	date of authority)		
*Street Address of Princip	pai Place of Business	Annandale	\ V/	A 22003-126
P.O. Box 1272	Duomess	Apt./Suite City	Stat	
Mailing Address (if differe	ant from et	Springfield	\ VA	1
	in from street address)	Apt./Suite City	State	
(703) 560-5355 *Telephone		(703) 560-7851 william	sbus@aol.com	- Lib
rotebilotte	Other Telephone	Fax E-mail	sbus@aoi.com	
2. OTHER PASSEN 292798 JSDOT No.		ORITY (if applicable, list carrier/p		
JSDOT No.	DCTC No.	161 Virginia DMV passenger carrier No.	Maryland PSC No	o.
JSDOT No. 3. CARRIER CONTA	DCTC No. ACT PERSON (at mailing	161 Virginia DMV passenger carrier No.	Maryland PSC No	o.
JSDOT No. 3. CARRIER CONTA	DCTC No. ACT PERSON (at mailing	161 Virginia DMV passenger carrier No. g address to whom we should d	Maryland PSC No	o.
JSDOT No. 3. CARRIER CONTA Ms. Tammy L Williams lame	DCTC No. ACT PERSON (at mailing	161 Virginia DMV passenger carrier No.	Maryland PSC No	о.
JSDOT No. 3. CARRIER CONTA Ms. Tammy L Williams lame 703) 560-5355	DCTC No. ACT PERSON (at mailing	161 Virginia DMV passenger carrier No. g address to whom we should d President *Title	Maryland PSC No	o.
JSDOT No. 3. CARRIER CONTA Ms. Tammy L Williams lame	DCTC No. ACT PERSON (at mailing	161 Virginia DMV passenger carrier No. g address to whom we should d President	Maryland PSC No	0.
JSDOT No. 3. CARRIER CONTA Ms. Tammy L Williams lame 703) 560-5355 elephone REGISTERED AG *Complete section The Metropolitan	Other Telephone GENT INSIDE THE M 4 only if the principal pl District includes the D on, Fairfax, Falls Church,	161 Virginia DMV passenger carrier No. g address to whom we should d President *Title (703) 560-7851 williamst	Maryland PSC Notice inquiries): Ous@aol.com OR SERVICE	OF PROCESS
JSDOT No. 3. CARRIER CONTA Ms. Tammy L Williams lame 703) 560-5355 elephone REGISTERED AG *Complete section The Metropolitan Alexandria, Arlingto	Other Telephone GENT INSIDE THE M 4 only if the principal pl District includes the D on, Fairfax, Falls Church, Service of Process	g address to whom we should d President *Title (703) 560-7851 williamst Fax E-mail IETROPOLITAN DISTRICT F ace of business in section 1 is objected of Columbia, Prince Go, and Dulles Airport. For a full defeated to the columbia of	Maryland PSC Notice inquiries): Ous@aol.com OR SERVICE	OF PROCESS

5. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, o form of organization that occurred after the previous year's annual report was filed, or if not applicable, afte the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.							able, after
suc	n cnanges	nave occurre	ed.				
atta	ach a com	plete vehicle	HICLES USED IN WMATC Olist to both pages of this form. e all required information.				
Fleet No.	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchalr Lift or Ramp Yes/No
			see attached				
			April Ave.				
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			National Control of the Control of t				
1 certify		report, includi	ing any attachments, was prep nation contained in it is true, cor				hat I have
Ta	~ ~	1 125	lliams	Tamm	, £	(,), i	
*Name (typ	pe or print)	L. Wi	· · · · · ·	12mm *Signature	J	we	xwme.
F	resid	lent		1-6	27-16		
*Title (not	required for s	sole proprietors)		*Date			

WMATC No: 64

Washington Metropolitan Area Transit Commission

20) & Annual Report: Revenue Vehicle List

Name:

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Williams Bus Lines, Inc.

Trade Name:

This list is provided for your convenience and may be used instead of creating your own vehicle list. If you use this list, make any necessary corrections, check the box indicating all information is accurate, and return this list with both pages of your annual report form. Do not forget to indicate whether each vehicle is equipped with a wheelchair lift or ramp. Be sure to sign page 2 of your annual report.

☑Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity	*Wineelchair Lift or Ramp Y/N	eren
1	2009	Freightliner	4UZABRDJ69CAA6624 /	H508316	VA	78	Ν	
3	2009	Freightliner	4UZABRDJ39CAA6628 /	H508318	VA	78	N	
Ť	2008	IC Corporation	4DRBUAAN08B561243	H7283C	MD	72	N	
5	2006	Freightliner	4UZABTCSX6CU73257	H513625	VA	72	N	
6	1998	International	1HVBJAAN1WA084137	H508321	VA	72	N :	j
7	2005	IC Corporation	4DRBWAFN65A149378	H513595	VA	78	N	
8	2001	International	1HVBJAAN51A910917	H521549	VA	72	N	
9-	2006	Thomas	1777 T4A2X61272143	H513596	VA	78	N	
	•	1 -			*			
11	2008	Bluebird	1BAKGCKA38F245356	H515632	VA	77	N	
12	2004	international	4DRBRABN64A961811	H507180	VA .	65	N	
14	1998	Freightliner	4UZ5CFAA2WC973444	H508320	VA	72	N	
15	2005	International	4DRBUAFN55A972230	H507121	VA	65	N	
16	2006	ic Corporation	✓ 4DRBUAAP46A294953	H5311C	MD	65	N	
17	2008	Thomas	4UZABRDJX8CZ15188	H508306	AV	72	N	
18	2007	Thomas		H508314	VA	84	N	
19	2001	International	1HVBBABPXYH307024	H521550	A.V.	65	N	. 5
20	2000	International		H519785	YA	6 5	N	

Washington Metropolitan Area Transit Commission WMATC No: 64

2016 Annual Report: Revenue Vehicle List

1HVBBABP4XH256148 / 21 2000 International

H519786

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HUZABRDU8BCAY 005: H519756 YA